GENERAL MEDICAL CERTIFICATE

Legal name (*write **exactly** as it appears in your passport*)

First/given name:_____

Family/surname:_____

Permanent home address:_____

Date and place of birth (dd/mm/yyyy)_____

The patient mentioned above is at present free from infectious diseases and is in good physical and mental condition. There are no medical objections to a stay as a medical student abroad.

Please circle the appropriate answer below	Examination date*	Result
AIDS*: tested / non-tested (HIV infection can only be detected after 3 months)		negative / positive
Hepatitis-B: Please attach the copy of your vaccination card!		negative / positive
Hepatitis-C*: tested / non-tested		negative / positive
Chest X-ray*: Please attach the chest's x-ray result, not the image! (not older than 3 months)		negative / positive

Please note: tests have to be taken after 1st September 2019

Remarks:

Any chronic diseases the patient is being treated for: _____

Special needs: _____

NAME AND ADDRESS OF THE DOCTOR:

_____

PLACE AND DATE:

_____

SIGNATURE AND STAMP OF THE DOCTOR:

_____